

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/07/2014
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NAME OF PROVIDER OR SUPPLIER

CHURCH HILL CARE & REHAB CTR

STREET ADDRESS, CITY, STATE, ZIP CODE

701 WEST MAIN BLVD
CHURCH HILL, TN 37642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure a reliable sprinkler system water supply for each "building." The findings include: Observation and interview with the Maintenance Director, on January 7, 2014 at 10:15 a.m. confirmed the facility is a type V (111) combustible construction with a total of 47,300 sqft. The facility is divided into three (3) fire zones by two (2) 4-hour rated fire walls. One sprinkler riser branches off and splits in the attic and penetrates both fire walls to supply all three fire zones with sprinkler protection. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 7, 2014.	N 831	**According to the Administrator's conversation with S. Hurwitz, ICC Fire Inspector on 1/28/14, the Board for Licensing Health Care Facilities met on 1/23/14 and made a ruling to allow sprinkler piping to penetrate 4-hour rated fire walls in nursing homes in Tennessee. Therefore, no corrective action is needed.	
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource	N1410	1. The Nurse Educator and Plant Operations Manager were immediately in-serviced by the Administrator on the proper timeframe for tornado education and drills on 1/8/14. 2. Staff will be re-in-serviced by 1/30/14 on proper procedure during a tornado by the Nurse Educator and/or Plant Operations Manager. 3. A tornado drill will be held by 2/15/14 by the Nurse Educator and/or the Plant Operations Manager, and at least annually thereafter.	2/15/14

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dina D Davis

TITLE

Administrator

(X6) DATE

1/29/14

Division of Health Care Facilities

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N1410	Continued From page 1 determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (I) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to exercise a Tornado drill annually. The findings include: Interview and record review with the Administrator on January 7, 2014 at 9:15 a.m. confirmed the facility failed to perform tornado drills annually. There was no documentation to indicate a Tornado drill or in-service training was conducted since 2/28/11. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 7, 2014.	N1410	4. Any areas identified will be reported by the Plant Operations Manager and corrected to ensure Compliance at the monthly Quality Assurance and Performance Improvement meeting comprised of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, MDS Nurse, Social Services Director, Nurse Educator, Dietary Manager, Activities Director, Plant Operations Manager, Medical Records Director, Environmental Director, and the Rehab Manager.	
N1411	1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness	N1411	1. The Nurse Educator and Plant Operations Manager were immediately in-serviced by the Administrator on the proper timeframe for bomb threat education and drills on 1/8/14. 2. Staff will be re-in-serviced by 1/30/14 on Proper procedure during a bomb threat by the Nurse Educator and/or Plant Operations Manager.	2/15/14

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N1411	<p>Continued From page 2</p> <p>plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Search team, searching the premises.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to exercise a bomb threat drill annually. The findings include: Interview and record review with the Maintenance Director on January 7, 2014 at 9:15 a.m. confirmed the facility failed to perform bomb threat drills annually. There was no documentation to indicate a bomb threat drills or in-service training was conducted after 10/19/2010. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 7, 2014.</p>	N1411	<p>3. A bomb threat drill will be held by 2/15/14 by the Nurse Educator and/or the Plant Operations Manager, and held at least annually thereafter.</p> <p>4. Any areas identified will be reported by the Plant Operations Manager and corrected to ensure Compliance at the monthly Quality Assurance and Performance Improvement meeting comprised of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, MDS Nurse, Social Services Director, Nurse Educator, Dietary Manager, Activities Director, Plant Operations Manager, Medical Records Director, Environmental Director, and the Rehab Manager.</p>	